

## PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Stephen R. Lawrence

Examiner: Ella Colbert

Serial No: 09/684,947

Art Unit: 3624

Filed: October 6, 2000

Docket: 11379A

For: META SEARCH ENGINE

Dated: March 4, 2003

#7/B  
3/7/03

Assistant Commissioner for Patents  
United States Patent and Trademark Office  
Washington, D.C. 20231

AMENDMENT PURSUANT TO 37 C.F.R. §1.111

Sir:

In response to the Official Action dated December 4, 2002, the Applicant respectfully requests the Examiner to amend the above-identified application as follows and solicits the Examiner to reconsider the application in view of the amendment and the following remarks.

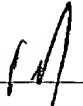
---

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: March 4, 2003  
Evelyn Guishard

G:\Nec\1196\11379A\amend\11379A.am1.doc

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>11379A</b>	
Applicant(s): <b>STEPHEN R. LAWRENCE</b>					
Serial No. <b>09/684,947</b>	Filing Date <b>October 6, 2000</b>	Examiner <b>Ella Colbert</b>		Group Art Unit <b>3624</b>	
Invention:  <b>META SEARCH ENGINE</b>					
<u><b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-1013 SSMP</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <b>March 4, 2003</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div> _____ Signature <b>Paul J. Esatto, Jr.</b> Registration No. 30,749 Scully, Scott, Murphy &amp; Presser 400 Garden City Plaza New York, NY 11530</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><div style="display: flex; justify-content: space-between;"><div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div><div style="text-align: right;">Signature of Person Mailing Correspondence</div></div><div style="text-align: right; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div></div></div>					
cc:					

P11LARGE/REV06